

Employment Reference Guide

for
INDIVIDUAL
PROVIDERS



"We have to do the best
we can. That is our sacred
human responsibility"

– *Albert Einstein*

AGING AND DISABILITY SERVICES ADMINISTRATION
Washington State Department of Social and Health Services

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Member Resource
Center
Monday - Friday
8 am - 6 pm
1-866-371-3200

Introduction

USING THE EMPLOYMENT REFERENCE GUIDE FOR INDIVIDUAL PROVIDERS

Welcome to your new job as an Individual Provider (IP)! Your caregiver job is important. The tasks you will do for your employer support his or her well-being and help him or her continue to live as independently as possible.

The Employment Reference Guide for Individual Providers will give you information about your employment as a caregiver. This guide contains updated Information about changes to training and certification requirements for Individual Providers (IP).

Please read this Reference Guide carefully. When you have a question, use the Table of Contents to find the section that can help you. Please look through this *Reference Guide* before calling others to find an answer.

SERVICE EMPLOYEES INTERNATIONAL UNION HEALTHCARE 775NW

All Individual Provider (IP) Long Term Care (LTC) workers are represented by Service Employees International Union (SEIU) Healthcare 775NW. This is a result of a majority vote by IPs to form a union in 2002.

Many of your terms and conditions of employment are covered under the collective bargaining agreement (union contract). More detailed information about your pay rate, when you can expect a raise, and your employment benefits can be found in the union contract. You can order a union contract on-line at **www.seiu775.org** or call The Member Resource Center toll-free at **1-866-371-3200**.

Call the Member Resource Center if you have questions regarding the collective bargaining agreement, the union, union membership, union benefits, or voluntary union activities.

Hiring Process

The person you provide services for is your employer. As your employer, this person hires you, directs your work, and makes decisions about how your paid services are provided. He or she can also fire you.

Your employer is a client of the Department of Social and Health Services (DSHS). DSHS coordinates and pays for the services you will provide. Your employer is referred to as a DSHS client when we talk about his or her relationship with DSHS in this booklet.

There are additional requirements and steps you will need to take before DSHS, on behalf of your employer, can pay you. You must:

- Be determined to be a qualified individual provider.
- Be 18 years of age or older.
- Provide valid picture identification and a Social Security card or proof of authorization to work in the United States.
- Pass a criminal background check.
- Pass a fingerprint-based criminal background check.
- Sign an "Individual Provider Contractor Intake Form".
- Sign a contract with DSHS and agree to the conditions listed in it.

CRIMINAL BACKGROUND CHECK AND FINGERPRINTING

All long term care workers, Including Individual Providers (IP's), are required to complete a Washington state background check and a fingerprint-based background check. You will be asked to complete a "Background Authorization" form to document the information required to run a background check and to give DSHS your permission to do it. ***State law does not allow you to be contracted or paid through state or federal funds*** if your background check shows:

- a conviction for certain crimes
- pending charges for certain crimes
- negative action with Adult Protective Services, Child Protective Services, or Department of Health

You will also be asked to complete a "Fingerprint Appointment" form and schedule an appoint for a fingerprint based background check. The "Fingerprint Appointment" form will give you information about how to schedule your appointment. If you have passed the other background check requirements, you are allowed to work, for up to 120 days, while you are waiting for the outcome of the fingerprint based background check.

If you are contracted through a HCS/AAA office, background checks will be completed at least every two years of your employment. If you are contracted through the Developmental Disabilities Administration, (DDA) background checks will be completed at least every three years of your employment.

The person you provide personal care for is your employer.



DSHS CONTRACT SIGNING

You will be asked to review and sign a *DSHS Client Service Contract Individual Provider Services*. Review this contract carefully. The DSHS contract outlines what you agree to do by accepting payment from DSHS for providing services to a DSHS client.

You will be asked to sign two original *DSHS Client Service Contract Individual Provider Services* forms. Both copies of the DSHS contract also need to be signed by a DSHS Representative. One copy will be returned to you for your records.

You must sign a DSHS contract before you can be paid. The effective date of the DSHS contract is the earliest date for which you can be paid regardless of when you started working. **Your contract is not in effect until it is signed by you and an authorized DSHS representative.**

Reasons You May Be Denied a DSHS Contract

Although your new employer hires and supervises you, laws and regulations allow your employer's Case Manager or Social Worker to deny you a DSHS contract under certain circumstances. Without a DSHS contract, you cannot be paid by DSHS to provide services to your employer.

The following are some examples of when your employer's Case Manager or Social Worker **may** deny you a DSHS contract.

- You have another job or personal responsibilities that stop or get in the way of you providing the services identified in the Care Plan.
- You live far enough away from your employer that it is impractical to provide the services outlined in the Care Plan.
- Your employer's health care provider(s) or other knowledgeable people say you don't have the ability to provide adequate care.
- There is evidence that you abuse alcohol or drugs.
- You have a reported history of being the perpetrator of domestic violence, no-contact orders, or criminal conduct.
- There is a criminal conviction(s) or pending charge(s) in your Washington State or National Registry background check.
- Your employer is determined not to have any unmet personal care needs.
- You are not hired by the DSHS client.

A Care Plan is a written plan that outlines everything the care team is to do to support your employer.

Reasons You Will Be Denied a DSHS Contract

The following are some examples of when your employer's Case Manager or Social Worker **must** deny you a DSHS contract.

- You have a finding of abuse, neglect, abandonment, or exploitation of a child or vulnerable adult or are on the abuse registry.
- You have a negative action with the Department of Health.
- You have had a license, certification, or DSHS contract for the care of children or vulnerable adults denied, suspended, revoked, or terminated for not meeting state and/or federal rules.
- You have a conviction(s) or pending charge(s) for a disqualifying crime(s).
- You are the spouse of your employer (unless your spouse receives Chore services) and do not plan on providing care to any other DSHS client.
- Your character, competence, and suitability review indicates you are not qualified to be a contracted and paid Individual Provider.
- You have been excluded to receive Medicare, Medicaid, and/or Title XIX payments as determined by review of federal exclusion databases.



Reasons You May Be Denied Payment

Once you start working, there are reasons you may be denied payment for services you provide. In some cases, action may also be taken to terminate your DSHS contract. You may be denied payment if:

- Any of the reasons listed on page 3 under "Reasons You may be Denied a DSHS Contract" are found to be true.
- You do not successfully complete required training and/or home care aide certification requirements within the mandatory time limits (see pages 6-12).

State agencies adopt rules, also known as Washington Administrative Code (WAC), to implement state and federal law.

WAC's can be read by:

- Visiting the DSHS Internet site at: <http://www.apps.leg.wa.gov/wac>
- Visiting your local, public library and asking for help there.
- Asking your employer's Case Manager or Social Worker for a copy.

See Washington Administrative Code (WAC) 388-71-0500 through 1006 for more information on IPs, DSHS contracts, and when payment may be denied.

Reasons Your DSHS Contract Will Be Terminated

There are certain conditions or situations that are causes for termination of your DSHS contract. The following are some examples of when your employer's Case Manager or Social Worker will take action to terminate your DSHS contract.

- Any of the reasons listed on above under "Reasons You Will be Denied a DSHS Contract" are found to be true.
- Your Home Care Aide certification is revoked
- You are unable or unwilling to provide adequate care and/or jeopardize your employer's health, safety, or well-being.
- Evidence exists you were the perpetrator of domestic violence, abuse, neglect, abandonment, or exploitation of a minor or vulnerable adult.
- You use or are under the influence of alcohol or illegal drugs during working hours.
- Your behavior toward your employer or other persons in his or her life puts your employer at risk of harm.
- A report from your employer's health care provider says his or her health is negatively affected by receiving inadequate care from you.
- You fail to provide essential services as listed in your employer's Care Plan.
- A complaint is received from your employer or his or her representative that he or she is not receiving adequate care from you.
- You fail to respond appropriately to emergencies.
- Your name appears on one of the federal exclusion databases during the monthly check.
- You fail to complete required training and certification in a timely manner.

If you are denied payment or your contract is terminated you may have the right to an Administrative Hearing to appeal the decision. To request an Administrative Hearing send a written request to the Office of Administrative Hearings.

Training & Home Care Aide (HCA) Certification Requirements

This section will help you understand what your training and certification requirements are. For help with keeping track of the steps and deadlines, please use the *“Home Care Aide Certification Checklist for Individual Providers”* on pages 12-13.

The law requires Long Term Care workers to complete 5 hours of orientation and safety training before providing paid personal care. In addition to this, most Long Term Care workers must complete 70 hours of basic training within **120 days of hire**. Review the chart on page 10-11 to find out if you must complete the 70 hour basic training.

All Individual Providers (IPs) must complete the required training through the Training Partnership. You are responsible for contacting the Member Resource Center to register for required training. You can contact the Member Resource Center by calling 1-866-371-3200.

Home Care Aide (HCA) Certification

Many Long Term Care workers are required to become a certified Home Care Aide (HCA). Those who are required to obtain Home Care Aide (HCA) certification must submit the Home Care Aide application to the Department of Health (DOH) within 14 days of hire. Review the *“Long Term Care Worker Training Requirements”* chart on page 10 for details about requirements specific to your situation.

To be certified as a Home Care Aide (HCA), you must follow a number of steps and meet important deadlines. For help with understanding the steps and deadlines, view the *Home Care Aide Checklist for Individual Providers* on pages 11-12.

If you were hired to provide long term care on or after January 7th 2012: you must complete the full 75 hour training requirement within 120 days of your hire date and receive your HCA certification from the Department of Health within 200 days of your hire date.

If you are Limited English Proficient (this means your ability to read, write, or speak English is limited) you will qualify for a Provisional HCA certification, issued by the Department of Health. A provisional certification allows you an additional 60 days (for a total of 260 days) to obtain your full HCA certification. To continue working, you must become a full certified HCA before the Provisional HCA certification expires.

To be obtain a Provisional HCA certification you must check the box on the DOH application indicating that you are, *“applying for a provisional certificate available for home care aides who are limited in their ability to read, write, or speak English”*.

You are responsible for taking the required action to become a certified HCA.

Orientation and Safety Training

You must complete Orientation and Safety Training before you provide care. You will receive Orientation and Safety DVDs from DSHS staff when you are getting contracted to provide care services. Once you complete the DVDs:

- Wait until you receive your Social Service Notice (see page 17).
- Call 1-866-483-1397 and attest that you have completed these DVDs. You will need a confirmation number and the last 4 digits of your social security number before calling this number. Your confirmation number can be found by:
- Logging on to www.myseiubenefits.org. The confirmation number is beneath your name.
- E-mailing studentsupport@myseiubenefits.org and asking for it.
- Calling the Member Resource Center at 1-800-371-3200.

70 Hour Training Requirement

In addition to 5 hours of *Orientation and Safety Training*, many Long Term Care workers are required to complete 70 hours of Basic Training (for a total of 75 hours of training) within 120 days of hire. You complete this training through the NW Training Partnership.

- ✓ You must register for training within 14 days of hire. To find and register for training in your area, go to the Training Partnership website at www.myseiubenefits.org or call the Membership Resource Center at 1-866-371-3200.
- ✓ You must apply to the Department of Health for your HCA certification within 14 days of hire. Do not include the fee in your application; the Training Partnership will pay your application fee directly to the Department of Health.
- ✓ You must register for the HCA certification exam through a company called Prometric. Do this as soon as your training dates are scheduled. Do not include the fee in your application; the Training Partnership will pay your application fee directly to Prometric.
- ✓ Once you complete 5 hours of *Orientation and Safety Training* and 70 hours of basic training, you have met the training requirements (75 total hours) for HCA certification and can take the Prometric exam.

To learn more about the Home Care Aide (HCA) certification process:

- Call the Member Resource Center at 1-866-371-3200
- Refer to the Home Care Aide Certification Checklist on pages 12-13

To learn more about applying for Home Care Aide (HCA) certification visit the DOH website:

- www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/HomeCareAide.aspx

To learn more about HCA certification testing and the test application process visit the Prometric website:

- www.prometric.com/WADOH/



Signing up for training through the SEIU Healthcare NW Training Partnership - Call the Member Resource Center: **1-866-371-3200**, or log on to: www.myseiubenefits.org

Exemptions To 70 Hour Training and HCA Certification

If you are exempt, then you do not have to take the 70 hour training or become a certified Home Care Aide. You may be exempt if you:

- Are a Registered Nurse (RN), a Licensed Practical Nurse (LPN), Nurse Technician, or a Nursing Assistant-Certified (CNA) with an active credential in good standing with the Department Of Health.
- Have special education training and an endorsement in good standing from the Office of Superintendent of Public Instruction (OSPI).
- Worked between 1/1/2011 and 1/6/2012 in a Washington state long term care setting and completed all training requirements at that time. Examples of work in a long term care setting include providing paid, personal care services for elderly or persons with disabilities in a state licensed Assisted Living Facility (boarding home), Adult Family Home, Home Care Agency, or as an Individual Provider for a client of DSHS.

If You Only Provide Care for Your Parent or Child

Individuals who provide Long Term Care for a parent or child (and no one else) have different training requirements. If you are only caring for your parent or child then you do not have to complete the 70 hour basic training. Review the chart on pages 10-11 to see the training requirements for your specific situation.

If you take on a client that is not your parent or child, then your training requirements will change. If you need help understanding your current training requirement, call the Member Resource Center at 1-866-371-3200.

If You Provide Care for One Person, 20 Hours or Less a Month

If You Provide Care for One Person, 20 hours or less a month you are considered a Limited Service Provider. Limited Service Providers have different training requirements and do not have to complete the 70 hour basic training. If you take on another client, or increase the number of hours you work, your training requirements will change.

Review the chart on pages 10-11 to see the training requirements for Limited Service Providers.



What Happens If You Don't Meet Required Training and/or Certification Deadlines?

Your payments will stop if you don't complete required training and/or become a certified HCA within the required deadlines. There are **no extensions** to meeting these deadlines.

You will be paid for any training hours you completed before your payment were stopped.

To be reinstated (paid again as an IP), you must complete all required training and become a certified Home care Aide (HCA), if required, on your own and at your own expense.

Getting Reinstated

If you **missed your training deadlines**, you must complete any remaining required training through a community instructor and pay for the training yourself. **The SEIU Healthcare NW Training Partnership no longer provides your required training when your payment is terminated. DSHS cannot intervene between you and the SEIU Healthcare NW Training Partnership if you miss training deadlines.**

To find a list of community instructors visit the DSHS Aging and Long-Term Support Administration website at www.altsa.dshs.wa.gov/professional/training/ and click on "Find a Class".

If you **missed your HCA certification deadline**, you must take any actions required by the Department of Health and Prometric and become a certified HCA.

Once you complete the reinstatement requirements (training and/or HCA certification):

- ✓ Contact your employer's case manager and ask to be reinstated as an Individual Provider (IP). The case manager will need copies of your training certificates for courses taken outside of the Training Partnership and documentation that you have become certified.
- ✓ Call the Member Resource Center at **1-866-371-3200** and let them know you have been reinstated as an Individual Provider (IP).

Nurse Delegation Requirements

If any nursing tasks will be delegated to you through Nurse Delegation, you have additional training and certification requirements.

You must have one of these certifications:

- Nursing Assistant - Registered (NAR)
- Nursing Assistant - Certified (NAC)
- Certified Home Care Aide (HCA).

AND

You must complete this training:

- *If you are a Nursing Assistant -Registered (NAR):*
Core Basic Training and Nurse Delegation for Nursing Assistants CORE.
- *If you are a Nursing Assistant - Certified (NAC):*
Nurse Delegation for Nursing Assistants CORE.
- *If you are a Certified Home Care Aide (HCA):*
Nurse Delegation for Nursing Assistants CORE.

Insulin injections must be delegated. Before performing this delegated task, the law requires a nursing assistant or HCA to complete *Nurse Delegation for Nursing Assistants: Special Focus on Diabetes* after the *Nurse Delegation for Nursing Assistants CORE* class. Any Individual Provider can take these courses, but they must have a NAR, NAC, or HCA credential to perform a nurse delegated task.

Continuing Education Requirements

Most Long Term Care workers will need to complete 12 hours of Continuing Education (CE) each year before their birthday. Review the chart “*Long Term Care Worker Training Requirements*” on page 10 for details about requirements for your specific situation.

To Find Continuing Education Classes

- Visit the Training Partnership Website at: <http://www.myseiubenefits.org/>
- Call the Members Resource Center at: 1-866-371-3200
- Visit the DSHS, Aging and Long Term Support Administration website for information about training for Long Term care workers <https://fortress.wa.gov/dshs/adsaapps/Professional/training/training.aspx>



You are responsible for taking the required action to become a certified HCA.

Long Term Care Worker Training Requirements

INDIVIDUAL PROVIDER CATEGORY	ORIENTATION AND SAFETY		BASIC TRAINING			HCA CREDENTIAL	INITIAL CONTINUING EDUCATION (CE)	ONGOING CONTINUING EDUCATION (CE)
	Orientation 2 Hours	Safety Training 3 Hours	Accelerated Basic Training 30 Hours	Basic Training 70 Hour	Parent Provider Class 7 hour (DDA Only)	HCA Credential Required?	Continuing Education (CE) 12 Hours	Continuing Education (CE) 12 Hours
Standard Individual Provider: Hired after 1/6/2012 with no credential.	Complete prior to providing care	Complete prior to providing care	Not required	Complete within 120 days of starting to provide care	Not required	Yes, within 200 days of hire	Before your birthdate one year from your first HCA credential issuance date	By your birthdate each year
Standard Individual Provider: Hired after 1/6/2012 with HCA credential.	Not required	Not required	Not required	Not required	Not required	Yes, you must maintain your credential	Before your birthdate following your first HCA credential renewal date	By your birthdate each year
Exempt Individual Provider: Between 1/1/2011 and 1/6/2012 , worked in a long term care setting <i>and</i> completed basic training requirements at that time. Examples of work in a long term care setting include providing paid personal care services for elderly or persons with disabilities in a state licensed Assisted Living Facility (boarding home), Adult Family Home, Home Care Agency, or as an Individual Provider for a client of DSHS.	Not required	Not required	Not required	Not required	Not required	No	Before your birthdate when you are working or returning to work.	By your birthdate each year Once you return to work after 1/6/12 you must complete 12 hours of CE each year, even if you are not working.
Exempt Individual Provider: With active Registered Nurse, Advanced Registered Nurse Practitioner, Licensed Practical Nurse, or Nurse Technician credential.	Not required	Not required	Not required	Not required	Not required	No, as long as RN or LPN credential is maintained in good standing	Maintain your RN or LPN credential in good standing	Maintain your RN or LPN credential in good standing
Exempt Individual Provider: With active Nursing Assistant. Certified credential	Not required	Not required	Not required	Not required	Not required	No, as long as CNA credential is maintained in good standing	Before your birthdate in your first year of work	By your birthdate each year
Exempt Individual Provider: With special education endorsement from the Office of Superintendent of Public Instruction (OSPI).	Not required	Not required	Not required	Not required	Not required	No, as long as Special Education Endorsement is in good standing.	Before your birthdate in your first year of work	By your birthdate each year

Long Term Care Worker Training Requirements

INDIVIDUAL PROVIDER CATEGORY	ORIENTATION AND SAFETY		BASIC TRAINING			CREDENTIAL	INITIAL CONTINUING EDUCATION (CE)	ONGOING CONTINUING EDUCATION (CE)
	Orientation 2 Hours	Safety Training 3 Hours	Accelerated Basic Training 30 Hours	Basic Training 70 Hour	Parent Provider Class 7 Hour (DDA Only)	HCA Credential Required?	Continuing Education (CE) 12 Hours	Continuing Education (CE) 12 Hours
* Parent Individual Provider: Individual caring for his/her biological, step or adoptive child	Complete prior to providing care	Complete prior to providing care	Complete within 120 days of starting to provide care	Not required	Not required	No	Not required, unless you voluntarily obtain your HCA credential	Not required, unless you voluntarily obtain your HCA credential
* Parent DD Individual Provider: Individual caring for his/her developmentally disabled biological, step or adoptive child	Complete prior to providing care	Complete prior to providing care	Not required	Not required	Complete within 120 days of starting to provide care	No	Not required, unless you voluntarily obtain your HCA credential	Not required, unless you voluntarily obtain your HCA credential
* Limited Service Individual Provider: Provides 20 hours (or less) of care a month for one person	Complete prior to providing care	Complete prior to providing care	Complete within 120 days of starting to provide care	Not required	Not required	No	After 7/1/14: by your next birthdate	After 7/1/14: By your birthdate each year
* Adult Child Individual Provider: Adult child caring for his/her biological, step or adoptive parent	Complete prior to providing care	Complete prior to providing care	Complete within 120 days of starting to provide care	Not required	Not required	No	Before your birthdate in next calendar year after completing Accelerated Basic Training	By your birthdate each year
* If you change the type or number of clients you provide services for, or increase the number of hours you work, it may change your Individual Provider category. This could increase your training and certification requirements. If you have a question about your Individual Provider category and training requirements, call the Members Resources Center at: 1-866-371-3200								

Home Care Aide Certification Checklist for Individual Providers

Requirements Under the Law:

You must complete **75** hours of training (Includes 5 hours of orientation and safety) within **120** days of your hire date (open service authorization) and become a Certified Home Care Aide within **200** days of hire. If you do not meet these deadlines you cannot continue to be paid. Use the following RECOMMENDED timelines and checklist to meet deadlines.

You will work with staff to begin the process to be hired as a Home Care Aide



Check each Box
when completed.

- ☐ Complete a Name and Date of Birth background check at the time of contracting.
- ☐ An OCA#, which you need for your **Department of Health Application**, will be generated on the Fingerprint appointment form you get at contracting. **Keep this form** and write the OCA# here: _____
- ☐ You will arrange to have Fingerprint taken. Write the appointment time here: _____
- ☐ **Before you provide care:** Watch the 5 hour DVD, *Orientation & Safety Training*, confirm by calling 1-866-483-1397 automated system. Have ready last 4 digits of your SSN and your confirmation code from the Training Partnership. You will be mailed a Welcome Letter from The SEIU Healthcare NW Training Partnership, read it for directions.



Step 1: You submit a Department of Health (DOH) application

- ☐ **Complete by 14 days from hire:** Apply to the DOH for certification. Submit a DOH HCA Certification Application. The OCA# from the finger print appointment form must be on the DOH application. You will be mailed a **Welcome Letter** from The NW Training Partnership, read it carefully for directions to send in your application. **Do NOT pay fees.**
- ⇒ *You are assigned a 10 digit DOH credential # (begins with HM). You need this # for your Prometric application. Find your DOH credential number on the DOH website by clicking on "Provider Credential Search". # _____*
- ☐ If you are limited English proficient (this means your ability to read, write or speak English is limited) you may qualify for an additional 60 day provisional certification. You must indicate this on the initial DOH application to qualify.



Step 2: You register for Training with the NW Training Partnership

- ☐ **Do this by 14 days from hire:** Register for the 70 hour basic training through the NW Training Partnership website (www.myseiubenefits.org) or call the Membership Resource Center at 1-866-371-3200.
- ☐ **Recommend you complete by 60 days from hire:** Complete your training as soon as possible to ensure you get classes in the area where you live and in time to meet testing and certification deadlines.
- ☐ Once 75 hours of training is complete, a copy of your Certificate of Completion from the Training Partnership will be automatically sent to DOH by the Training Partnership.



Step 3: You submit a Prometric Candidate Application to schedule your test

- ☐ **Once training is scheduled:** Apply to Prometric to take the HCA written and skills certification exam. Submit a Application Form For WA State HCA Examinations. Follow the directions in your **Welcome Letter and see back of flyer for address and directions. Do NOT send money.**
- ⇒ *Use the DOH assigned 10 digit credential number above in Step 1 as the candidate ID number requested on this form.*
- ⇒ *The HCA skills exam can be taken in 13 languages including English. The written exam can be taken **orally in English or in any of these languages**. See back of flyer for instructions and the list of languages.*



Step 4: Complete training and testing then DOH will determine Home Care Aide Certification

- ☐ You must complete 75 hours of training prior to taking the written and skills test through Prometric. Set your testing date based on your expected completion date for training. Once you complete training take your test as scheduled. Write test date here. _____
- ☐ If you must miss the exam time written above; reschedule your exam immediately. *If you fail the exam, reapply immediately to Prometric to retest. You can take the failed portion of the test twice. **You must pay a fee for each retest.***
- ☐ If DOH has issued your credential, the DOH website will show you as "Active". See back of flyer for website addresses.

See back of flyer for websites, mailing addresses, contact information and helpful tips →

The deadline to complete testing and certification as a HCA is 200 days from hire. The service begin date is the first date that you provide care with an open service authorization notice you receive from SSPS. This is the first day you are hired. The 120 days to complete basic training starts from the service begin date which is your hire date.

Give yourself the best chance of meeting mandatory deadlines!

Recommended



If You Don't Meet Training and Certification Deadlines

- You **CANNOT** be paid to provide care.
- You **MUST** pay for any remaining training yourself.

How to Take the HCA Exam in Other Languages

To take the HCA exam in Spanish, Russian, Vietnamese, Korean, Chinese, Cambodian, Laotian, Samoan, Somali, Ukrainian, Tagalog or Arabic check the language desired on the Prometric HCA Exam Application. To take the written test orally in English or one of these languages, check "Oral Exam and Skills exam" under "First Time Tester" on the HCA Application. If you choose an oral test, the computer reads the question and answer choices out loud to you.

HCA Credentialing Information

Who	Telephone and Fax	Mailing Address	Email
DOH	HCA Credentialing Coordinator (360) 236-2700 DOH Customer Service (360) 236-4700	Mail application to: <u>Do Not include Fee</u> DOH Home Care Aide Credentialing P.O. Box 1099 Olympia, WA 98507 Mail other documents <u>NOT</u> sent with initial application to: DOH Home Care Aide Credentialing P.O. Box 47877 Olympia, WA 98504	Homecareaid@doh.wa.gov
Prometric	From 9/1 through 10/31: MAIL APPLICATION to BSI <u>Do Not send Fees</u> Benefit Solutions Inc. PO Box Mukilteo, WA 98275 Phone: 877-959-6274 Fax 1-866-863-8177	On and after 11/1/13: Mail EXAM APPLICATION to Prometric. <u>Do Not send Fees</u> Prometric, Attention: WA Home Care Aide Program 7941 Corporate Dr. Nottingham, MD 21236 Fax: 800-813-6670	Prometric Email: WAHCA@prometric.com New Prometric Feature: Online Application Benefits Solutions Email: HCA@bsipta.com



Find these Quick links in one location at www.adsa.dshs.wa.gov/professional/training/links

Background Checks	Certification—DOH	Certification Exam—Prometric
<ul style="list-style-type: none"> Background Check Authorization Form Fingerprint Appointment Form BCCU website 	<ul style="list-style-type: none"> Main Website HCA Certification Application Provider Credential Search <p>NW Training Partnership MRC 1-866-371-3200 SEIU Healthcare NW Training Partnership</p>	<ul style="list-style-type: none"> Main Website WA State HCA Examinations Application Form HCA Test Information Bulletin
<p>Training</p> <ul style="list-style-type: none"> Find a Class/Instructor 		

Filling out your timesheet must be part of your daily routine.

GETTING PAID

RECORDING YOUR DAILY WORK HOURS AND MILEAGE

All Individual Providers (IPs) must record the number of hours worked each day and reimbursable mileage (see below). Use *DSHS form 15-015x – Individual Provider Timesheets* to record hours worked and mileage.

Your timesheet is an important document. It is the record of your work and provides both protection and accountability for you. By keeping a timesheet you will:

- Help reduce any disagreements between you and your employer about hours worked and mileage.
- Provide a way for your employer's Case Manager/Social Worker to monitor your employer's Care Plan.
- Have proof that the hours you work match the number of hours allowed in your employer's Care Plan

Your employer will give you a supply of Timesheets. Timesheets are available in Cambodian, Chinese, Korean, Laotian, Russian, Somali, Spanish and Vietnamese. Talk with your employer's Case Manager/Social Worker if having Timesheets in one of these languages would be helpful.

Not completing your Timesheets correctly and/or consistently may result in delay or denial of payment or possible termination.

To avoid this:

- Follow the instructions on page 15 and use the example timesheet on page 16 for reference when you complete your timesheet.
- Record your work hours and mileage each day you work
- If you provide services to more than one DSHS client, fill out a separate timesheet for each employer.
- At the end of each pay period, review your timesheet for accuracy with your employer before signing it.
- Give one copy of your completed and signed Timesheet to your employer and keep one copy for your own records. **Do not mail your timesheet with your SSPS invoice.**

You must keep copies of your timesheets for six years. Keep timesheets for this time period even if you no longer work for that DSHS client (he or she moves, dies, or you no longer work as an IP). You may be asked to provide copies of your timesheets to federal or state auditors. Failure to do so may result in having to pay back money you were paid as an IP and possible termination of your contract.

INSTRUCTIONS FOR FILLING OUT YOUR TIMESHEET (DSHS 15-051x)

1. Print your employer's name in the top row of the form in the "CLIENT/EMPLOYER NAME" box.
2. Print your own name in the "INDIVIDUAL PROVIDER'S NAME" box.
3. Print the name of your employer's case manager/social worker in the "CM NAME" box.
4. Fill in the calendar month in the "MONTH" box and the year in the "YEAR" box.
5. Enter the time you started work in the "TIME SERVICE BEGAN" box in row "A" below the number representing the day of the month. Be sure to include AM or PM.
6. Enter the time you stopped work in the "TIME SERVICE ENDED" box in row "B".
7. Enter the total hours for that day in row "C". **Your Timesheet must only include the hours you worked. You cannot enter more hours than you are authorized to provide services.**

8. Enter the number of miles you transported your employer that day (if you did) in row "D". See page 7 for what mileage is reimbursable.

Repeat steps 5--8 for each day you worked during the pay period.

9. At the end of the month, add up the total number of hours worked from row "C" and put the total in the "Totals" column. (This number should match the number of hours you report on your invoice for payment.)
10. Make a check next to each personal care tasks listed that you performed as defined in the Care Plan.
11. **DDD Respite Services:**
 - a. If you are only providing DDD Respite Services, Do **not** check any personal care task boxes. The only box you need to check is the "DDD Respite" Box on your Timesheet.
 - b. If you are providing **both** respite and personal care services to one employer, fill out **two** Timesheets for that month; **one** Timesheet for your respite hours and a **separate** Timesheet for your personal care service hours. Check which personal care tasks you provided on this **second** Timesheet.
12. After you have completed the timesheet, have your employer review it for accuracy. If your employer agrees, he/she should sign their name under "CLIENT'S SIGNATURE".
13. Sign your own name under "INDIVIDUAL PROVIDER'S SIGNATURE".
14. Make a copy for your timesheet for your records and give one copy to your employer for his or her files. **Do not mail your timesheet to SSPS.**
15. Use your Timesheet to fill out your SSPS Service Invoice accurately.

See page 19 for information about claiming vacation/paid time off hours.

To be paid by DSHS, you must complete your timesheet.

Keep your Timesheets for SIX years. State and federal auditors may ask for them at any time.

AGING AND DISABILITY SERVICES ADMINISTRATION
Individual Provider Time Sheet

CLIENT/EMPLOYER NAME Cheryl Smith		INDIVIDUAL PROVIDER'S NAME Paris, Rita								CM NAME Sally Jones		MONTH/YEAR July 2012				
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A Time Service Began	7 A	10 A	10 A		9 A	9:30 A	9:30 A			9 A	9 A	9 A	8 A			
B Time Service Ended	3 P	1 P	1 P		3 P	1:30 P	1:30 P			3 P	3 P	3 P	4 P			
C Total Hours Each Day	7	3	3		6	4	4			6	6	6	8			
D Mileage							11									
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
A Time Service Began		10 A	10 A	9 A			9:30 A	9:30 A	9 A	9:30 A		8:30 A				
B Time Service Ended		1 P	1 P	3 P			2:30 P	2:30 P	3 P	1:30 P		1:30 P				
C Total Hours Each Day		3	3	6			5	5	6	4		5				90
D Mileage								11								22

CHECK TASKS PERFORMED DURING MONTH (PERSONAL CARE PROVIDERS ONLY)										<input type="checkbox"/> Meal Preparation* <input type="checkbox"/> Eating <input checked="" type="checkbox"/> Escort/Transport to Medical* * Tasks for adult clients only.				<input type="checkbox"/> Bathing <input type="checkbox"/> Toileting <input type="checkbox"/> Housework* <input type="checkbox"/> Passive Range of Motion Treatment				<input type="checkbox"/> Essential Shopping* <input type="checkbox"/> Wood Supply* <input type="checkbox"/> Dry Bandage Change <input type="checkbox"/> Medication Management*				<input type="checkbox"/> DDD Respite	
<input checked="" type="checkbox"/> Walking/Locomotion <input type="checkbox"/> Application of Lotion/Ointment* <input type="checkbox"/> Toenails Trimmed* <input checked="" type="checkbox"/> Transfer																							

INSTRUCTIONS FOR DOCUMENTING YOUR DSHS AUTHORIZED HOURS

A. Enter time service began – indicate AM or PM as appropriate. C. Enter total hours worked each day.

B. Enter time service ended – indicate AM or PM as appropriate. D. Mileage: All miles traveled transporting or shopping for a client when authorized per SSPS.

DO NOT send these time sheets to Case Managers unless requested. Keep completed time sheets in your records for six (6) years. Copies will be requested by Case Managers at the time of reassessment. DSHS may request copies at any time.

CLIENT'S SIGNATURE	INDIVIDUAL PROVIDER'S SIGNATURE
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This form is available at <http://www1.dshs.wa.gov/msa/forms/eforms.html>

MILEAGE REIMBURSEMENT

You can be reimbursed for the miles you drove your personal vehicle to do essential shopping for your employer or to take your employer to medical services. To receive mileage reimbursement, essential shopping or transportation to medical services must be part of your employer’s care plan. See the chart below for the mileage reimbursement rate.

Some IPs providing transportation for an employer may be reimbursed for additional miles or transportation needs depending on the program funding the DSHS client’s care. Additional transportation need(s), such as driving an employer to work, must be clearly identified and assigned to the IP in the Care Plan. In this case only, an IP may be reimbursed for additional mileage up to the amount authorized by the case manager in the Care Plan.

Mileage Reimbursement Rate	
Until October 31, 2014:	up to 60 miles each month for each employer
Beginning November 1, 2014:	up to 100 miles each month for each employer



SSPS SOCIAL SERVICES NOTICE (DSHS 14-259X)

An *SSPS Social Services Notice* is mailed to you when:

- Services for your employer are first authorized.
- There are any changes in the authorized services or payment.
- Your employer is no longer eligible for services and your position ends.

The *SSPS Social Services Notice* shows:

- The type and **maximum** number of **service units** you are authorized to provide each month for your employer(s). Units will be in hours (HR) or miles (MI). You will not be paid for anything over the maximum of authorized service units.
- The **maximum** amount your employer is obligated to pay you directly each month. This amount is called client participation. The amount of client participation you collect must not be greater than the total of your hourly wage multiplied by the number of hours you provided in the month.

When you receive a *SSPS Social Service Notice*, check to be sure the following information is correct:

- Your name.
- Your mailing address.
- Units of service (HR, MI).
- Payment amount.

If any of this information is incorrect, immediately call the authorizing Social Worker or Case Manager. If you do not call them about errors, you may get the wrong pay. The name and phone number of the person to call are at the bottom of the *SSPS Social Services Notice*.

View an example of an SSPS Social Service Notice on page 20.

WASHINGTON DSHS SOCIAL SERVICES NOTICE

LOCAL OFFICE NAME
ADDRESS

PARIS, RITA
ADDRESS

SMITH, CHERYL
AUTHORIZATION #
08/01/2012

THIS IS TO NOTIFY YOU THAT:

1. **SMITH, CHERYL** IS REQUIRED TO PAY \$400.00 PER MONTH TOWARD THE COST OF SERVICES FROM 08-01-12 THROUGH 08-31-12. **PARIS, RITA** COLLECTS THIS AMOUNT FROM **SMITH, CHERYL** EACH MONTH. THIS AMOUNT WILL BE DEDUCTED FROM THE PAYMENT BEFORE A WARRANT IS ISSUED.
2. **PARIS, RITA** IS AUTHORIZED TO PROVIDE COPEs PER CARE-INDIV-HR FOR **SMITH, CHERYL**. PAYMENT IS APPROVED FOR UP TO 150 HOURS PER MONTH OF SERVICE AT **\$10.03** PER HOUR FOR A MAXIMUM OF **\$1504.50** PER MONTH FROM 08-01-12 THROUGH 08-31-12.
 - YOU WILL RECEIVE A SERVICE INVOICE EACH MONTH. FILL OUT THE INVOICE ACCORDING TO THE INSTRUCTIONS.
 - SOCIAL SECURITY AND MEDICARE TAXES WILL BE WITHHELD FROM EMPLOYEE WAGES. THE STATE OF WASHINGTON PAYS THE EMPLOYER'S SHARE ON BEHALF OF **SMITH, CHERYL**, THE EMPLOYER.
 - PAYMENT OF THIS SERVICE WILL GENERATE A W-2. FICA TAXES WILL BE REFUNDED AFTER YEAR-END WHEN ANNUAL PAYMENT FOR SERVICE TO ANY ONE CLIENT IS UNDER THE YEARLY FICA LIMIT. INCOME TAX IS NOT WITHHELD.

IF YOU HAVE QUESTIONS, PLEASE CALL *authorized Case Manager or Social Worker* AT *telephone number*.

SOCIAL SERVICE PAYMENT SYSTEM (SSPS) SERVICE INVOICE (DSHS 08-141)

You will receive a *Service Invoice* before the end of each month. See page 19 for an example *Service Invoice*. Use the *Service Invoice* to report to DSHS the number of service hours you worked and whether you will be claiming any vacation/paid time off hours for the month.

You can report your service units two ways:

1. Mailing a completed *Service Invoice* to SSPS. See page 21 for instructions
2. Calling in your service units using Invoice Express. See page 23 for instructions

Do not call in your hours or mail in your *Service Invoice* until you've finished working for the month.

Never claim more service units on your *Service Invoice* than you work each month. You will have to return any over payment received and/or additional payroll related expenses incurred by the department for over reporting hours. This may include medical health insurance and tax benefits paid on your behalf due to the over claimed hours.

You will not be paid for any additional hours beyond what is authorized for your employer. If more hours of care are needed, your employer needs to talk with his or her Case Manager or Social Worker. You cannot increase hours without your employer's Case Manager or Social Worker updating the Care Plan.

You will be paid for hours you work in the month after the month you worked them. For example, if you work 90 hours in the month of July, you will receive pay for those hours in the month of August.

CLAIMING VACATION/PAID TIME OFF (PTO) HOURS

If you are eligible and have built up any vacation/PTO hours, a service line will show on your *Service Invoice* with "IP Vacation (775)" listed as the service name. The number of vacation/PTO hours you have will be listed in the "Total Unit" box (see page 19 for an example). At this time, report any PTO as vacation hours.

You can choose to take vacation/PTO and get paid for it or cash out vacation/PTO hours without taking time off. If you want to claim vacation/PTO during the month (whether you take time off or cash them out), write the total number of hours you want to claim in the blank box below the "Total Unit" heading.

If you DO NOT want to claim vacation/PTO during the month, write "0" in the blank box below the "Total Unit" heading. **Do not leave the vacation service line blank. This will delay your payment.**

Vacation/PTO hours that you have, but don't take, are carried over and added to any new vacation/PTO hours you earn the next month (up to 85 hours).

The service period listed in the vacation service line is the last 10 working days of the month. This has no bearing on when you can take vacation/PTO. See page 31 for more information about vacation/PTO benefits and eligibility.

INVOICE REGULAR CALL 1-888-461-8855 OR MAIL INVOICE USING YOUR OWN STAMP

INVOICE NUMBER 208R-000001	PAGE 001 OF 001	PAYEE NUMBER 000000	PROVIDER NUMBER 000000	FOR MONTH ENDING 08/31/12
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TO SIGN UP FOR DEFENDABLE DIRECT DEPOSIT, SEE INSTRUCTIONS.
FOR PAYMENT ISSUES, INCLUDING TIMELINESS, SEE INSTRUCTIONS.

SOCIAL SERVICE PAYMENT SYSTEM (SSPS)

PAYEE PROVIDER

PROVIDER NAME
**MS 45812
OLYMPIA WA 98504**

PROVIDER NAME
**MS 45812
OLYMPIA WA 98504**

SERVICE RECIPIENT CLIENT, NAME	SERVICE PERIOD 8/1/12 TO 8/31/12	AMOUNT AUTHORIZED \$400.00	AUTHORIZED RATE 400.00	SERVICE UNIT MON	TOTAL UNIT 1	SCHOOL HOLIDAY CARE
SERVICE NAME COPE'S PARTICIPATION		REFERENCE 001-01-0001		MON	1	
CASE NUMBER 8888888888	AUTHORIZATION 6025787-01	WORKER I.D. 1	REPORTING UNIT 01BM01	SERVICE CODE 999	COLLECT AMOUNT SHOWN ABOVE FROM CLIENT	
SERVICE RECIPIENT CLIENT, NAME	SERVICE PERIOD 8/1/12 TO 8/31/12	AMOUNT AUTHORIZED \$1504.50	AUTHORIZED RATE 10.03	SERVICE UNIT HR	TOTAL UNIT 150	SCHOOL HOLIDAY CARE
SERVICE NAME COPE'S PER CARE-INDIV-HR		REFERENCE 001-02-0002		HR		
CASE NUMBER 8888888888	AUTHORIZATION 6025787-01	WORKER I.D. 2	REPORTING UNIT 01BM01	SERVICE CODE 999	05256	
SERVICE RECIPIENT PROVIDER, NAME	SERVICE PERIOD 7/22/12 TO 7/31/12	AMOUNT AUTHORIZED \$30.09	AUTHORIZED RATE 10.03	SERVICE UNIT HR	TOTAL UNIT 3	SCHOOL HOLIDAY CARE
SERVICE NAME IP VACATION (775)		REFERENCE 001-03-0003		HR		
CASE NUMBER 9999999999	AUTHORIZATION 9999999-01	WORKER I.D. 1	REPORTING UNIT 01VP01	SERVICE CODE 998	09993	
SERVICE RECIPIENT	SERVICE PERIOD	AMOUNT AUTHORIZED	AUTHORIZED RATE	SERVICE UNIT	TOTAL UNIT	SCHOOL HOLIDAY CARE
SERVICE NAME		REFERENCE				
CASE NUMBER	AUTHORIZATION	WORKER I.D.	REPORTING UNIT	SERVICE CODE		
SERVICE RECIPIENT	SERVICE PERIOD	AMOUNT AUTHORIZED	AUTHORIZED RATE	SERVICE UNIT	TOTAL UNIT	SCHOOL HOLIDAY CARE
SERVICE NAME		REFERENCE				
CASE NUMBER	AUTHORIZATION	WORKER I.D.	REPORTING UNIT	SERVICE CODE		
SERVICE RECIPIENT	SERVICE PERIOD	AMOUNT AUTHORIZED	AUTHORIZED RATE	SERVICE UNIT	TOTAL UNIT	SCHOOL HOLIDAY CARE
SERVICE NAME		REFERENCE				
CASE NUMBER	AUTHORIZATION	WORKER I.D.	REPORTING UNIT	SERVICE CODE		

VENDOR'S CERTIFICATE: When you submit this invoice for payment, you are certifying that the items and totals listed herein are proper charges for services, materials, or merchandise furnished to the State of Washington and that all services, materials, or merchandise rendered have been provided without discrimination because of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, Vietnam era or disabled veterans status, or the presence of any sensor, mental or physical handicap.

PAYEE SIGNATURE PROVIDER SIGNATURE

If mailing this invoice, make a copy for your records, attach postage and return to: **STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
ISSD DATA CONTROL
PO BOX 45889
OLYMPIA, WA 98504-5889**

Also known as SSPS Payee number or Provider number

Collect up to this amount from your employer each month (client participation)

Maximum number of service units allowed

Where to report how many service units you worked for the month

Vacation/PTO balance available

Where to claim vacation/PTO hours (hours taken off or cashed out, or "0" to bring balance forward to the next month). See page 25 for more information about vacation PTO hours.

Your signature is required. Your employer's signature is not.

SSPS INVOICE INSTRUCTIONS

DEPENDABLE PAYMENT BY DIRECT DEPOSIT

To eliminate mail problems, use DIRECT DEPOSIT. For an application, write to: SSPS Direct Deposit Desk, PO Box 45812, Olympia WA 98504-5812 or go to: www.dshs.wa.gov/ssps/directdeposit.shtml.

YOU HAVE TWO OPTIONS FOR CLAIMING YOUR INVOICE:

1) PHONE IN YOUR INVOICE USING INVOICE EXPRESS (Recommended):

1. Fill out the invoice and sign it.
2. Call Invoice Express toll free at 1-888-461-8855.
3. Listen carefully. Each time you make an entry, you will hear it repeated and be asked if the number is correct.
4. Stay on the telephone after finishing all items. You may review or directly submit for payment.
5. You will be asked to press the star (*) key on your phone when finished. You will then hear a confirmation message.
6. **IMPORTANT:** Do not hang up until you hear the message that your invoice was successfully submitted.
7. Keep the invoice for your records.

NOTE:

- Use a touch-tone telephone.
- Enter zero only when you **DO NOT** want to claim.
- Do **NOT** mail your invoice after calling Invoice Express.
- If you phone in an invoice already processed, you will hear a message that processing has already occurred.

OR

2) **MAIL IN YOUR INVOICE** – Send your invoice by mail with your own postage (Make a copy for your records before mailing.). Fill out the invoice as follows:

WHITE BOXES

Authorized Rate: **DO NOT FILL IN THIS BOX UNLESS YOU ARE CLAIMING A RATE LOWER THAN IS PRINTED.**

School Holiday Care: This box is only for hourly child care for a school age child when you have provided care during school holidays. Enter the number of hours of care you provided during school holidays.

BOLDED BOXES

Service unit: Each (EA), Hour (HR), Day (DA), Visit (VS) and Mile (MI) are preprinted and cannot be changed. If the Service Unit is MONTH (MON) and you provided service for the full SERVICE PERIOD enter MON in the bolded Service Unit box. If you are claiming less than the full SERVICE PERIOD, enter DA for the Day in the service unit box. NOTE: If you enter DA in the Service Unit Box and then claim more days than are in the service period, the invoice will reject, preventing payment until correction is made.

Total Units: Enter the number of units provided. If service was not provided, enter 0. For a daily service, count every day including the begin day and the end day. For example: June 10th through June 20th is 11 days, not 10.

SIGNATURE BOXES

Payee: A SIGNATURE IS ALWAYS REQUIRED.

CAUTION:

- **Do NOT** leave a bolded box blank or the invoice will be mailed back to you, delaying payment.
- **Do NOT** send notes or attach anything to the invoice.
- **Do NOT** cross out pre-typed information.
- **Do NOT** write in changes other than those specifically allowed for above.
- **PUT POSTAGE ON THE ENVELOPE BEFORE MAILING.**

SEIU 775 MEMBERS: IP Vacation Invoice Service Line:

Vacation hours not claimed on this invoice will appear on next months invoice, plus any new vacation hours earned. Enter "0" on the vacation service line **if you DO NOT WANT to take vacation for this pay period.** If you **WANT to take vacation for this pay period enter the number of hours** in the total units box. Vacation can be taken at any time during the month with consent of client and case manager notification. **DO NOT LEAVE THE VACATION SERVICE LINE BLANK, THIS WILL DELAY YOUR PAYMENT.**

Why isn't my payment faster?

According to the state constitution, the state cannot pay for a service until the service period is complete. Payment is considered timely if made within 30 days of the receipt of a properly completed invoice plus mail time, according to RCW 39.76.010. SSPS makes it a top priority to pay faster than required, and to pay as fast as technically and legally possible. The social services worker does need to authorize services within deadlines to have an invoice generated.

For more information on SSPS, visit our web site at: www.dshs.wa.gov/ssps/index.shtml. Also visit Access Washington at <http://access.wa.gov> for more information on government services in Washington State.

INVOICE EXPRESS

Invoice Express is a fast and easy way to submit your *SSPS Service Invoice* for payment by phone. Invoice Express is available in English and Spanish.

Invoice Express allows you to:

- Enter your *Service Invoice* information by telephone at any time.
- Avoid any post office delays due to mailing in your *Service Invoice*.
- Call in the last business day of the month (before 4:30 pm) to record hours and your payment will process sooner than if you mailed the invoice on the last day of the month.
- Correct errors on the spot at any time before the * key is pressed. Once the success message has been received it is too late to make changes.
- Call to confirm your *Service Invoice* payment has been processed.

With Invoice Express, you **cannot enter a *Service Invoice* a second time.**

USING INVOICE EXPRESS

Fill out your *Service Invoice* form before you call. Use it to help you report the units served. Keep the paper *Service Invoice* for your records.

Call 1-888-461-8855 to input your information using a touch tone telephone. You will need the *Service Invoice* number and your provider number.

Do not mail your paper invoice to SSPS if you use Invoice Express to call in your invoice.

MAILING YOUR SSPS SERVICE INVOICE

If you prefer to mail in your *SSPS Service Invoice*, review the directions mailed to you each month with your *Service Invoice*.

Mail your SSPS Service Invoice to:

Attn: ISSD Data Control

P.O. Box 45889

Olympia, WA 98504

Invoice Express
is a fast and
easy way to
submit your SSPS
Service Invoice for
payment.


**Invoice
Express**
The fast, easy way to submit your SSPS invoice for payment!

Use your invoice to report services by telephone

2 You will be asked to use the numbers on your telephone to enter the first 3 digits and then the 6 digits after the letter and dash of your Invoice Number.

1 Your first question to answer when calling Invoice Express is whether your invoice is Regular or Supplemental. The answer to that question is found here.

3 To make sure no other person can get to your invoice by telephone, you will be asked to enter the payee number shown in this gray shaded box.

4 Invoice Express will read the last 4 digits of your reference number, so that you will know which line you are on.

5 The lines will be read to you starting with 0001, until you have entered the number of units you have served or a 0 on all service lines.

6 Invoice Express will read to you the type of service unit. In the case of months (MON), you will be able to report either a full month or a partial month by reporting the number of days served (DA).

7 When you are asked to enter the units, use the numbers on your telephone number pad.

INVOICE SUPPLEMENTAL		INVOICE NUMBER		PAGE		OF		PAYER NUMBER		PROVIDER NUMBER		FOR MONTH ENDING	
9055-00410		001		001		999999		999999		05-31-99			

INSTRUCTIONS TO VENDOR:

- Fill in all blank pink boxes on all lines with services.
- Do not send notes or attachments. Any notes or attachments will be returned to you and payment will be delayed.
- Sign the invoice and keep the blue copy for your records.

SOCIAL SERVICE PAYMENT SYSTEM (SSPS)

P Rardin, Franida
401 W Mullan St
Spokane, WA 99223

Rardin, Franida
401 W Mullan St
Spokane, WA 99223

1.	SERVICE RECIPIENT	SERVICE PERIOD	AMOUNT AUTHORIZED	AUTHORIZED RATE	SERVICE	UNIT	DATE
CHARLES CHAZ	05/01/99	\$889.92	6.18	HR	144		
FS RESPITE CARE-HOURLY	05/31/99	REFERENCE					
CASE NUMBER	AUTHORIZATION	WORKER ID	REPORTING	SERVICE			
4110432432	3555461-01	2	20MC70	851	07305		
2. <th>SERVICE RECIPIENT</th> <th>SERVICE PERIOD</th> <th>AMOUNT AUTHORIZED</th> <th>AUTHORIZED RATE</th> <th>SERVICE</th> <th>UNIT</th> <th>DATE</th>	SERVICE RECIPIENT	SERVICE PERIOD	AMOUNT AUTHORIZED	AUTHORIZED RATE	SERVICE	UNIT	DATE
CHARLES CHAZ	05/01/99	\$10.23	0.31	MT	33		
DDD FS TRANSP - MILES	05/31/99	REFERENCE					
CASE NUMBER	AUTHORIZATION	WORKER ID	REPORTING	SERVICE			

* These are the bolded boxes on your invoice.



DIRECT DEPOSIT

The Social Service Payment System (SSPS) lets you deposit your payment directly into your checking or savings account. You can choose Direct Deposit instead of having checks mailed to you.

Once it is set up, Direct Deposit of your payment is made within four business days following the first business day of the month when a *Service Invoice* has been successfully entered into the system. Most people qualify for Direct Deposit. There are a few situations that will prevent someone from using Direct Deposit.

You may not be able to use Direct Deposit if:

- Your check comes in someone else's name, like a protective payee.
- You change your bank account frequently.
- You do not maintain your bank's minimum amount in your account.

If you want to receive payment through Direct Deposit, you must fill out a Direct Deposit Registration form and send it to SPSS. You can get a Direct Deposit Registration form in many ways:

1. Go to the SSPS webpage: www.dshs.wa.gov/ssps/ and download a Direct Deposit Registration form
2. Email DSHSSSPSWeb@dshs.wa.gov or call 360-664-6161 to request a Direct Deposit Registration form
3. Call the Member Resource Center at 1-866-371-3200 to request a Direct Deposit Registration form
4. Ask your employer's Case Manager or Social Worker for the DSHS Direct Deposit brochure (DSHS 22-361X). Use the tear-out form inside the brochure to mail-in your request for the necessary forms and sign-up information.
5. Mail a letter requesting a Direct Deposit Registration form to:
Department of Social and Health Services
Attn. SSPS Direct Deposit Desk
P.O. Box 45346
Olympia, WA 98504-5346

The letter must include information about your interest in receiving a Direct Deposit Registration form as well as your SSPS provider number, your name, mailing address, and phone number.

WARRANT SYSTEM REMITTANCE ADVICE – (DSHS 07-071)

A Warrant System Remittance Advice form is mailed with your (DSHS) check. It provides a personal record of DSHS payments. Keep them for your records. If you have Direct Deposit, you will receive an Electronic Funds Transfer Remittance Advice close to the day your money is put into your bank.

You can choose Direct Deposit instead of having checks mailed to you.

It takes up to six weeks for Direct Deposit to begin after you have mailed in your request.

CALLING FOR HELP

If you have a question about getting paid, review all the materials in this section (pages 13-26). Your questions may be answered without having to call anyone. If, after carefully reading this section, you cannot figure out what to do call your employer's Case Manager or Social Worker.

Contact your employer's Case Manager or Social Worker when:

- You have questions about how to fill out your *Service Invoice*.
- You have questions about the units of service shown on the *Service Invoice*.
- An authorized employer's name or service is missing.
- An authorized employer's name appears on the *Service Invoice* for whom you have NOT provided care and/or the person is NOT expected to return to his or her home.
- You have not received a *Service Invoice* for the current month you worked and it is the last working day of that month.
- Your name or address changes.

COMMON PROBLEMS AND SOLUTIONS FOR GETTING YOUR CHECK

What if my SSPS Service Invoice is wrong?

If you receive a *Service Invoice* that doesn't list all of the services you were authorized to provide or if the service is shown at a lower rate or for a shorter time period than you were authorized to work, call your employer's Social Worker or Case Manager. The service(s) must appear on the *Service Invoice* before you can be paid for providing them.

What if I don't get my Service Invoice?

Your *Service Invoice* is considered late if you have not received it by the last working day of the month. If the *Service Invoice* is late, contact your employer's Social Worker or Case Manager.

What if I lose my Service Invoice?

To request a duplicate SSPS *Service Invoice*, contact your employer's Social Worker or Case Manager.

What if my check is late?

If you mail your *Service Invoice*, please allow for postal service delays and processing time when calculating if your check is late. Remember, payment for services within the current month are never mailed before the second business day of the next month.

Invoices can be forwarded; checks cannot. Report name or address changes immediately.

Your SSPS Service Invoice is considered late if you have not received it by the last working day of the month.

Can I call SSPS myself?

No. Call your employer's Case Manager or Social Worker.

What if my check is lost?

If your check has been lost, your employer's Social Worker or Case Manager will have you sign an affidavit of Lost, Stolen, or Destroyed Warrant (DSHS 09-13x), and have it notarized. You will not get a duplicate check until at least 30 days after the first check was issued.

What if my check is wrong?

Call your employer's Case Manager or Social Worker. If he or she does not correct the problem, you can contact your union for help in resolving the situation. Contact the Member Resource Center at 1-866-371-3200. You will need to have your IP Provider Number (located on your *Service Invoice*).

What if I call in/mail in my *Service Invoice* and discover I provided more authorized services/hours than I entered?

Contact your employer's Social Worker or Case Manager.

What if my mailing address changes?

To avoid a delay in your payment, call your employer's Social Worker or Case Manager right away. Provide the address change information so the SSPS system can be updated. Remember, the Post Office will forward invoices to a new address, but not paychecks.

What if my legal name changes?

If your legal name changes after you sign a DSHS contract (for example marriage or divorce), contact:

- Your employer's Case Manager to have your name changed for DSHS records.
- Your bank or credit union if you have direct deposit to ensure no delays in your electronic funds transfer payment.
- The Social Security Administration (SSA) to get an updated social security card (1-800-772-1213). DSHS can only update a name change if it matches SSA records.
- The Member Resource Center at 1-866-371-3200 to have your records changed with the union and the Training Partnership.

Will I be paid when my employer goes on vacation, to a nursing home, residential habilitation center (RHC) or to the hospital?

No. However, if you have accrued vacation/PTO, you may claim these hours on your *Service Invoice*. See page 19 for more information on claiming vacation/PTO.

Payment for services within the current month are not sent out before the second business day of the next month.

To avoid a delay in payment, call your employer's Case Manager right away when your mailing address changes.

General Employment Information

Most HCS/AAA Individual Providers (IPs) receive payment from both DSHS (on behalf of their employer) and directly from their employer ("client participation").

WITHHOLDING FEDERAL INCOME TAX

You will need to decide if you want federal income tax withheld from your paycheck. The decision is up to you. Keep in mind, your decision does not affect whether or not you owe federal income taxes.

If you **want** federal income tax withheld from your paycheck, you must fill out and send in a completed Internal Revenue Service (IRS) W-4 form (see sample below). The W-4 form must be from the current year. You can get an IRS W-4 form by:

- Downloading it at <http://www.irs.gov/pub/irs-pdf/fw4.pdf>
- Calling the IRS at **1-800-829-3676** and asking for a form to be sent to you.
- Calling the Member Resource Center at **1-866-371-3200**.

Filling in the W-4

Box 1,2,3, and 5 are required fields. Box 4,6, and 7 are optional. Leave box 8, 9, and 10 blank. Make sure to sign and date the form at the bottom.

Mail completed IRS W-4 forms to:

DSHS
Provider File Unit - Section Two
PO Box 45346
Olympia, WA 98504-5346

IRS information:
1-800-829-1040
IRS Forms:
1-800-829-3676
IRS Website:
<http://www.irs.gov>

Separate here and give Form W-4 to your employer. Keep the top part for your records.

W-4 Form Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2012	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>			
City or town, state, and ZIP code		If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 \$		7	
6 Additional amount, if any, you want withheld from each paycheck		7		8	
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		8		9	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form **W-4** (2012)

If you fill out and send in an accurate and complete W-4, you may be eligible to have federal income tax deducted from your paycheck per IRS rules. This W-4 remains in effect unless you send in a new one or send in a W-4D (W-4 Discontinuance Form). If you choose to complete a W-4 form, keep a copy of it for your own records.

If you **do not want** your federal income tax withheld, don't do anything.

Federal income tax is not withheld from your paycheck unless you submit a valid IRS W-4 form. For information about paying your federal income tax if you choose **not** to submit a W-4, contact the IRS or talk with a tax advisor or accountant.

If you significantly under-withheld federal income taxes in the past, the IRS may notify you and DSHS by letter (called a “Lock Letter”) that a specified amount of federal income tax must be withheld. If this is the case, withholding federal income taxes from your payment from DSHS is no longer voluntary. DSHS must comply until further notice from the IRS. If you receive an IRS Lock Letter, it will have a toll-free number for you to call if you want to dispute it.

DSHS staff are not tax professionals and cannot give you tax advice.

Please do not ask DSHS workers (case manager, SSPS staff, etc.) for help in making tax decisions. If you need help with this, contact a tax advisor, accountant, or the IRS. SEIU Healthcare 775 NW and some community organizations may have free tax help available.

SSPS staff can explain to you the IRS federal withholding guidelines and your current W-4 tax filing status is. You may call the SSPS Provider File Unit at 360-664-5883 for this information.

W-2 WAGE STATEMENT

A W-2 is a wage statement is the document that reports the taxable portion of your earnings to the federal and state government. If you were paid income through DSHS during a calendar year, you will receive a W-2 wage statement from DSHS.

The W-2 wage statement will be mailed no later than January 31 of the following year. For example, if you were paid income through DSHS in 2013 you will receive a W-2 wage statement for those earnings by January 31, 2014. If you have multiple employers (DSHS clients), you will receive a W-2 for each employer, including one for your vacation pay.

The W-2 wage statements only include the payments you received directly from DSHS on behalf of your employer during that year. The wages you receive from your employer (“client participation”) will not be included on the W-2 wage statement you receive from DSHS.

If you choose to have federal income tax deducted from your paycheck (you filled out and sent in a W-4 for the current tax year), the amount deducted for federal income tax will be on your W-2.

If you have questions about the W-2 you receive from DSHS you can:

- e-mail the DSHS tax desk at taxinfo@dshs.wa.gov
- call the DSHS tax desk at 360-664-5830

DSHS tax desk staff can only answer questions about W-2s issued to you by DSHS. DSHS staff are not available for tax advice.



SOCIAL SECURITY AND MEDICARE TAXES

Although DSHS is not your employer, in most circumstances DSHS is the Third Party Payor responsible for withholding and payment of Social Security and Medicare taxes (FICA) from the earnings paid to you by DSHS on behalf of your employer. There are a few exceptions to this.

Because of IRS rules, DSHS cannot withhold FICA/FUTA if you are:

- A parent providing services to your adult child.
- An adult child that is 18, 19, 20 years old providing services to your parent.
- The spouse of the person who receives Chore services.

If you fall in a category above and have questions or concerns, you can contact the IRS at www.irs.gov or by visiting your local office.

DSHS (with certain exceptions) is also the Third Party Payor responsible for the payment of Federal and State Unemployment Taxes (FUTA/SUTA).

Your employer may also be responsible for withholding Social Security and Medicare taxes from the amounts your employer pays you directly.

OBTAINING EVIDENCE OF INCOME

If a person or company wants to verify your income, ask if your Warrant System Remittance Advice is sufficient for them. It is equivalent to a pay stub. If you need something in addition to your Warrant System Remittance Advice, the request for evidence of income must be made directly from you and in writing.

You cannot get evidence of income from your employer's Social Worker or Case Manager.

Send your request in writing to:

SSPS
P.O. Box 45812
Olympia, WA 98504-5812

UNEMPLOYMENT COMPENSATION

If your job as an Individual Provider ends or your employment is interrupted for a period of time, you can apply to the Employment Security Department (ESD) for unemployment compensation benefits (also called unemployment insurance). You must meet any ESD rules. Use your employer's name and address when filling out ESD forms. **DSHS, the Area Agency on Aging, and their employees are not your employer.**

Want more hours?
See the inside
back cover for
information on the
Referral Registry.

HEALTH INSURANCE OPTIONS

You have two health insurance options: to the Benefits Trust or health insurance options available under the Affordable Care Act through the Washington Health Benefit Exchange. **You can only sign up for one of these health plans - not both.**

SEIU Healthcare NW Benefits Trust (Trust)

The Trust offers **worker-only** medical, dental, prescription drugs, and vision benefits to eligible Individual Providers (IPs) for \$25.00 each month. Coverage for Medicare eligible Individual Providers (IPs) may also be obtained through the Trust as primary coverage.

Enrollment and eligibility requirements for healthcare benefits are determined by the Trust. The current minimum requirements set by the Trust are that you work at least three consecutive months at a minimum of 86 hours per month and not be receiving health care benefits through other family coverage or other employment-based coverage. The 86 hours are calculated by looking at the total number of hours you worked and claimed for payment - no matter if payment is from DSHS or through client participation.

There are two ways to get more information about eligibility requirements and benefits or request an enrollment application:

1. Call the Member Resource Center at 1-(866) 371-3200
2. Submit an application online at www.myseiubenefits.org (log into your profile and click on Manage Health Benefits). Online applications are processed for first time applicants only. Applications are processed on the 20th of each month. It takes two months to process the application.

After enrollment, insurance starts on the first day of the month after any waiting periods, as long as you send in the application in a timely manner and maintain the minimum hours of 86 hours/month

Your share of the premium payment of \$25.00/month will be deducted from your regular pay after you enroll and have met the eligibility requirements.

Contact the Trust toll-free at 1-866-771-7359 (interpreter provided), if you have questions about Cobra (continuation coverage).

Washington Health Benefit Exchange

Health insurance coverage through the Washington Health Benefit Exchange begins January 1, 2014. Depending on your income, there are a number of options.

For more information about Washington Health Benefit Exchange options or to apply for coverage:

- Visit the Health Plan Finder: website <https://www.wahealthplanfinder.org>
- Call the helpline: **1-855-WAFINDER**. TTY Customers can call 1-855-627-9604
- Email the customer information center; customersupport@wahbexchange.org

Call the Member
Resource Center at:
1-866-371-3200

or visit:

www.myseiubenefits.org

for more details and the
most current information
about benefits offered.

Only sign up
for one of these
health plans – not
both.

You can accumulate 1 PTO hour for every 35 hours you work.

You can accumulate a maximum of 85 PTO hours.

WORKERS COMPENSATION

Individual Providers (IPs) are covered by workers' compensation insurance through the Washington State Department of Labor and Industries. This means you may file a claim for benefits for any work-related illness or injury.

If you are injured while providing services for your employer and need immediate medical care, go to the nearest hospital or see your regular doctor. Tell the doctor your injury or illness is work-related and make sure to ask for and fill out a "Report of Injury or Occupational Disease" form. List your employer on the form as HCQA Negotiated Contract, 601 Union St., Suite 3500, Seattle, WA 98101.

A company called Sedgwick CMS manages all workers' compensation claims for Individual Providers (IPs). Contact them toll-free at **1-866-897-0386** if you are injured on the job.

VACATION HOURS/PAID TIME OFF (PTO) HOURS

You can get paid time off work to use in any way you choose (vacation, doctor appointments, sick time, etc.) after you earn paid time off (PTO) hours.

You will earn one hour of PTO for every 35 hours of authorized services you provide. You can accumulate a maximum of 85 PTO hours.

Using your PTO hours

You can choose to use PTO hours to take time off from work or cash out without taking time off. If you want to take time off using your PTO hours, you must:

- Inform and get permission from your employer at least two weeks before you take the time off.
- Tell your employer's Case Manager/Social Worker so he or she can help ensure the care plan is followed in your absence.

See page 19 for more information about how to report PTO hours. At this time, report any PTO hours as vacation hours.



When PTO hours can be lost

If you reach the maximum of 85 PTO hours, you do not earn/accumulate any more PTO hours until the balance drops below 85 again. Any hours that would have accumulated are lost.

To reduce the balance, claim or cash out hours on your Service Invoice. See “Claiming Vacation/Paid Time Off PTO Hours” on page 19 for information on claiming PTO hours.

Unused PTO hours can also be lost if one year or more goes by and you do not provide services to a DSHS client. Unused PTO hours are not lost if a break in service lasts less than one year. You must be working for a DSHS client and providing services during a month to claim PTO hours.

IPs who are employed by a family member and never intend to work for anyone else should take this into consideration. If your family member moves to a residential care setting or dies, make sure to cash out any accrued PTO hours on your last Service Invoice.

If you work for an employer who is hospitalized, moves to a residential care facility, or dies, consider claiming accrued PTO hours on your last Service Invoice if it is possible you will not work for another DSHS client during the next year.

PAY INCREASES

Individual Providers (IPs) receive pay increases for each 2000 hours paid for providing services to a DSHS client. Pay is increased automatically each time the total number of hours paid reaches a new level. The calculation of the 2000 hours started on July 1, 2005.

View the wage tables below for information about current wages and future pay increases. Contact the Member Resource Center at **1-866-371-3200** if you need more information.

Does your employer need help finding coverage for your PTO? Encourage your employer to use the Referral Registry (see inside back cover)

See page 19 for more information on how to claim vacation/PTO hours.



Cumulative Career Hours	Wage Table 1: Effective July 1, 2013 - June 30, 2014		
	Home Care Aide (Without Certification)	Certified Home Care Aide OR Certified Nurse Assistant License	Certified Home Care Aide WITH Completed Advanced Training
0-2000	\$10.53	\$10.78	\$11.03
2001-4000	\$10.68	\$10.93	\$11.18
4001-6000	\$10.85	\$11.10	\$11.35
6001-8000	\$10.98	\$11.23	\$11.48
8001-10000	\$11.14	\$11.39	\$11.64
10001-12000	\$11.30	\$11.55	\$11.80
12001-14000	\$11.46	\$11.71	\$11.96
14001 + hours	\$13.84	\$14.09	\$14.34

Cumulative Career Hours	Wage Table 2: Effective July 1, 2014 - June 30, 2015		
	Home Care Aide (Without Certification)	Certified Home Care Aide OR Certified Nurse Assistant License	Certified Home Care Aide WITH Completed Advanced Training
0-2000	\$11.06	\$11.31	\$11.56
2001-4000	\$11.21	\$11.46	\$11.71
4001-6000	\$11.39	\$11.64	\$11.89
6001-8000	\$11.53	\$11.78	\$12.03
8001-10000	\$11.70	\$11.95	\$12.20
10001-12000	\$11.86	\$12.12	\$12.36
12001-14000	\$12.03	\$12.28	\$12.53
14001 + hours	\$14.53	\$14.78	\$15.03

Note: Wages will be adjusted upwards by one dollar (\$1.00) an hour for Individual Providers who perform duties as mentors, preceptors, or trainers as assigned by the Training Partnership. Time worked as a mentor will not count toward cumulative care hours

DEDUCTIONS FROM YOUR PAYCHECK

All Individual Providers (IPs) are required to pay union membership dues or nonmember fair share fees. These are deducted monthly from your paycheck. Social Security and Medicare tax (FICA) may be also deducted.

You may request that the following voluntary deductions be made:

- SEIU 775 Health Benefits Trust or Basic Health Insurance premiums (if you have enrolled).
- Voluntary deductions.
- Federal withholding taxes.
- Additional Federal withholding taxes.

IF YOU LEAVE YOUR JOB

You must give at least two weeks written notice before you quit working for your employer. You must work your assigned schedule until the end of that notice period. Leaving your employer alone without needed assistance can be considered abandonment and is against the law.

You must give notice of quitting to:

- Your employer and/or his or her legal representative. **This must be in writing.**
- Your employer's Case Manager or Social Worker.
- Any other persons or organizations that your employer requests or is required to notify.

REFERENCES AND EMPLOYMENT VERIFICATION

It is up to your employer to provide a job reference for you. It is best to get a written job reference from your employer. Often job references are needed because your employer's health status changes, he/she moves to a residential setting, or dies and your services are no longer needed.

Think about getting a written job reference while it is possible for your employer to provide it. Let your employer know you are not thinking of leaving now but thinking ahead for the future.

People needing to verify your employment should be directed to your employer. The Social Worker, Case Manager or any representative from the State of Washington cannot do this for you. See page 23 if you need to have evidence of income.



You must give at least two weeks written notice before quitting.

You cannot abandon or leave your employer without the ability to get any of the basic necessities of life.

Mandatory Reporting of Abuse

By law, you are required to report immediately if you have reason to believe or you suspect that a vulnerable adult or child is being harmed.

Call Adult Protective Services (APS) if you have reason to believe or you suspect a vulnerable adult living **in his or her own home** is being harmed.

Call the Complaint Resolution Unit (CRU) if you have reason to believe or you suspect the vulnerable adult living in an **adult family home, assisted living facility, or nursing home** is being abused.

Call **1-866-EndHarm** if you have reason to believe or you suspect a **child** is being harmed.

Adult Protective Services (APS) Numbers

Region 1

1-800-459-0421 (TTY) 509-568-3086

Spokane, Grant, Okanogan, Adams, Chelan, Douglas, Lincoln, Ferry, Stevens, Whitman, Pend Oreille, Yakima, Kittitas, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin, Klickitat

Region 2

1-866-221-4909 (TTY) 1-800-977-5456

Snohomish, Skagit, Island, San Juan, Whatcom, King

Region 3

1-877-734-6277 (TTY) 1-800-672-7091

Bremerton, Pierce, Thurston, Mason, Lewis, Clallam, Jefferson, Grays Harbor, Pacific, Wahkiakum, Cowlitz, Skamania, Clark

Complaint Resolution Unit (CRU) Number

Statewide

1-800-562-6078 (TTY) 1-800-737-7931



"The best and most beautiful things in the world cannot be seen or even touched. They must be felt with the heart."

– *Helen Keller*



The **Home Care Referral Registry** of Washington State can help you find additional hours as an in-home provider.

The Referral Registry is a web-based system that matches qualified IPs with consumers who receive long term in-home care services.

Getting enrolled on the Referral Registry is easy. Call or visit a local Registry office to get the process started. You can find your local Referral Registry office by calling 1-800-970-5456 or visit **www.hcrr.wa.gov** and click on "Registry Offices" to see if the Referral Registry is available in your area.

Do you have a friend interested in becoming an Individual Provider? Staff at the Referral Registry Center can also help people who meet the needed qualifications get started as in-home providers.

RESOURCES FOR CONSUMERS

The Referral Registry is a great tool for consumers looking for pre-qualified in-home providers. Consumers can contact their local Referral Registry Centers and receive a referral list of eligible providers that best match their needs. They can then interview and select an Individual Provider of their choice.

Consumers can also watch a recently produced video offering tips and advice on how to hire an individual provider on the HCQA YouTube channel. A link is available at **www.hcrr.wa.gov**.

RESOURCES FOR PROVIDERS

The right to be free from discrimination because of race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability is recognized as and declared to be a civil right.

Information and support for Individual Providers is also available on-line through the Home Care Referral Registry website. Click on Provider Resources for up-to-date information on diseases and conditions, caregiving tips, current news and topics for providers.

Any information contained within the Reference Guide does not constitute or imply an employment contract or form the basis for continued employment as an IP. If a conflict exists between the information contained in this Reference Guide and your contract, then what is written in your contract prevails.

DSHS does not discriminate in serving or contracting with people because of race, color, national origin, gender, gender identity, gender expression, sexual orientation, age, religion, creed, marital status, disability, or Vietnam Era Veteran status, or the presence of any sensory, mental, or physical disability.

Ordering Publications

You may order this booklet and other DSHS publications through the Department of Printing's (DOP) Fulfillment Center (formerly called the General Store). Go to the DOP's website at:

myfulfillment.wa.gov

Publication requests may also be placed:

- By e-mail at fulfillment@prt.wa.gov
- By phone at (360) 570-5555
- By fax at (360) 664-2048

Make sure to include the name of the publication, publication number (DSHS 22-xxx), and a contact name and street mailing address for orders placed by e-mail, phone, or fax.

Resources on the Internet

To learn more about caregiving and long-term care topics visit:

www.adsa.dshs.wa.gov

SEIU 775 NW Resources

To learn more about your union benefits and training requirements:

- Union benefits at www.seiu775.org
- Required training and health benefits at www.myseiubenefits.org
- Email your question to the Member Resource Center at: mrc@seiu775.org
- Call the Member Resource Center at 1-866-371-3200 for information about your union, health insurance benefits, or training and certification requirements.

To speak with someone in a different language, use one of the following extensions when you call the Member Resource Center.

Language	Extension	Language	Extension
Russian	411	Somali	431
Ukrainian	412	Arabic	432
Spanish	413	Mandarin	423
Korean	421	Vietnamese	422
Cantonese	424	Swahili	433
Tagalog	442	Cambodian	441